

Mississippi Metal Dealer/Dealer Processor Registration Form

Renewal

	YOU KNOW? ELECTRONIC REGISTR AT'S MORE, IT'S LESS EXPENSIVE THA 601-359-9055 OR						
\$10,0	e DEALERS paying compensation for Scrap 100.00 or more, or b) any quarterly period in the \$500.00 for electronic filers or \$750.00 for page 100.00 for page 10	e amount of \$25,000.00 or more					
prope	e DEALER/PROCESSORS paying compensativity to facilitate its return to a raw or finished conic filers or \$2,500.00 for paper filers.						
		<u>FILING F</u>	FILING FEES				
Is the	Applicant a:	Electronic	Paper				
	Dealer (paying compensation only)	\$500.00	\$750.00				
	Dealer/Processor (paying compensation and processing)	\$2,000.00	\$2,500.00				
	A REGISTRATIO	N FEE IS FOR TWO YEARS	J .				
expla Leads Regis forms	ronic registration and recordkeeping (of purnation of the registration requirements for Sconline, please see Miss. Code Ann. Section Scration Act Rules, available at www.sos.state.nc.us or by and fees to the Mississippi Secretary of State	Scrap Metal Dealers, or to lead on 97-17-71, et seq., and the ms.us. For paper filers, a Registicalling 601-359-9055. Paper	rn more about e-filing through e Scrap Metal Property Dealer stration Form and recordkeeping filers may submit Registration				
	APPLICA	NT INFORMATION					
1.	Applicant Full Name						
Trade	Frade Name Federal Tax EIN Number						
Corp.	LLC Sole Owner I	Partnership Other					
Conta	act Person for Applicant						
Appli	icant's Street Address						
Phone	e Alternate No.	F	ax				
E-ma	il	Website					
2.	Mailing address (if different from above)						
Street	t or P.O. Box						
			Zip				

5. Does Applie	cant operate from a fixe	a location or make	mobile purcha	ses of scrap metal?	
Fixed site	☐ Mobile	Both			
4. Is the addre	ss listed in Section 1 the	e address where all	transactions ar	nd deliveries take place?	
Yes	No				
			_	Metal Dealer. If the answers below. Attach additional	
Street Address					
				Zip	
	OWNER INFO	ORMATION- 10%	INTEREST C	OR MORE	
Each person/entity vadditional pages if n	*	est in this business	of 10% or mor	e must complete the following	ng. Attach
Name (Last, First, N	Middle; or Business Ent	ity Name)			
Street Address					
				Zip	
Phone	Cont	act E-mail		Percentage of Ownership	
(For individuals only	y): Date of Bi Drivers Lie	rth cense Number	Social S	ecurity Number State of Issue	
	<u>AFI</u>	FILIATES AND SU	BSIDIARIES		
a Scrap Metal Dea		oes this Applicant	have any sepa	be separately registered to tracte legal entities, related caler?	
Yes	No If "Yes," h	ow many?			
		<u>VERIFICAT</u>	ION		
	ment must be separatel n behalf of Applicant, a			jury, by the individual com f Applicant.	pleting this
	ve (5) years, I, or plead guilty to, or eving stolen property, i			to any charges of larceny kind.	Have Not burglary,
	question in the affirma dates, charges, sentence			description of each instance necessary.	e, including
		DIGGI CGIT	NEG		

DISCLOSURES

Any false statement submitted on this Registration Form for the purpose of unlawfully registering as a Scrap Metal Dealer may result in the denial or revocation of registration, and may be punishable by monetary penalties and criminal prosecution. Such false statement also may be punishable as perjury in a manner provided for by Mississippi Code Annotated Section 97-9-61, and a person so convicted shall be disqualified for life from registering as a Scrap Metal Dealer in this State.

Applicant is required by law to ensure each geographic location, and each subsidiary and affiliate, independently registers to operate as a Scrap Metal Dealer by the submission of a separate registration form and fee.